FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	MIION			
		(See instruction	ıs)			Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	If typying, type ines	12FE4M5	
Wyndham Wo	orldwide Corp. PA	(Wyndham PA	C)	1111	11111	
ADDRESS (number and	street) 7 Syl	van Way				
X (Check if add is changed)		ppany			Ľ ŅJ] [07054
COMMITTEE'S E-MA	UI ADDRESS		CITY▲		STATE▲	ZIP CODE ▲
COMMITTEE'S WEB	PAGE ADDRESS (U	 				
	11111	1 1 1 1 1 1	1 1 1 1	1111	11111	
COMMITTEE'S FAX	NUMBER					
با لبنا		J				
2. DATE M.	M / D D / Y	2006°				
3. FEC IDENTIFICA	ATION NUMBER		C C00424	374		
4. IS THIS STATE!	MENT NEW	(N) OR	X	AMENDED (A)		
I certify that I have exam	nined this Statement and	to the best of my know	vledge and be	ief it is true, correct a	and complete	
		irginia M. Wilso	n			
Type or Print Name of	Treasurer	ngilila wi. wiiso	11			
Signature of Treasure	r Electronically File	by Virginia M	. Wilson		Date 10	25 YYY2006
NOTE: Submission of fa	alse, erroneous, or incom	plete information may				
Office Use Only			Fed Toll	further information eral Election Commit Free 800-424-9530 al 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cal information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, ublican,etc.) Party.
6. 	Name of Any Connected Organization or Affiliated Committee Wyndham Worldwide Corporation	
L		
	Mailing Address 6 Sylvan Way .	
	L Parsimanne L L NAL L 070	5411
	Parsippany NJ NJ NJ NO	94
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship Connected Organization	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	า
	Membership Organization Trade Association Cooperative	

Write or Type Comr				Page 3
	nittee Name			
Wyndham W	orldwide Corp. PA	.C (Wyndham PAC)		
	ecords: Identify by Committee books a	name, address, (phone num and records.	ber optional), and position	of the person in
Full Name	James Hoeber	ling		
Mailing Address		P.O. Box 75000, PAC	Svs MC 2250	
		Detroit		48275 _ 2250
Title or Position	∀	CITY A	STATE▲	ZIP CODE
	Custodian of Rec	ords	Telephone number	8 371 7045
Full Name of Treasurer	Virginia M. Wi			
Mailing Address		7 Sylvan Way		
maning Address		Parsippany	NJ	07054 _
Title or Position				
	▼ Treasurer	Parsippany		07054_ — ZIP CODE ▲
	•	Parsippany	NJ STATE A	07054_ — ZIP CODE ▲
Title or Position Full Name of Designated	Treasurer	Parsippany	NJ STATE A	07054_ — ZIP CODE ▲
Full Name of Designated Agent	Treasurer	Parsippany CITY A	NJ STATE A	07054_ — ZIP CODE ▲
Full Name of Designated Agent	Nick Rossi	Parsippany CITY A 1 Sylvan Way	NJ STATE▲ Telephone number 97	07054 ZIP CODE ▲ 34962544

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			ounts, rents
	Comeri	ica Bank 	
	·	PAC Services MC 2250 Detroit MI 48	8275 _ 2250

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

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Banks or Other Depositorion safety deposit boxes or maint Name of Bank, Depository, e	tains funds.	unds, holds accounts, rents
Mailing Address		
		ZID CODE
	CITY △ STATE	∠ ZIP CODE △
Name of Any Connected C	Organization or Affiliated Committee	[ADDITIONAL]
I		
Mailing Address		
	CITY▲ STATE	▲ ZIP CODE ▲
Relationship		
Type of Connected Organiza	ation:	
1,750 St. OSt. Modica Organiza		
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organ		

Designated Agent [ADDITIONAL]

Full Name James F	loeberling			
Mailing Address	Comerica Bank PAC	Svs MC 2250		
	P.O. Box 75000			
	Detroit		48275	2250
Title or Position ▼	CITY A	STATE▲	ZIP CO	DE A
Assistant T	reasurer	Telephone number		5562

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Banks or Other Depositories: Is safety deposit boxes or maintains fur Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deponds.	isits funds, holds accounts, rents
Mailing Address		
	CITY 🛆 ST	ATE △ ZIP CODE △
Name of Any Connected Organiz	ation or Affiliated Committee	[ADDITIONAL]
		ı
Mailing Address		
Mailing Address		
1		
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1		TATE A ZIP CODE A
1		
L		
Relationship		

Designated Agent			[ADDITIONAL]
Full Name Steve Hol	mes 		
Mailing Address	7 Sylvan Way		
_	Parsippany	NJ	07054
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Chairman		973 Telephone number	496 5100